

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes ☑ No

(CFA-4) Summary Sheet

| FILE NUMBER |
|------------------------------------|
| |
| TOTAL PAGES IN ENTIRE CFA-4 REPORT |
| 20 |

| COMMITTEE INFORMATION | | | | |
|--|---------------------------------------|--|--------------------------|--|
| 1. Full Name of Committee (as on Statement of Organization) | name | | | |
| 2. Acronym or Abbreviated Name (if any) | 3. Commit | tee Telephone Number | 85- | |
| 4. Mailing Address (address where all campaign finance correspondence is received) | (| a new address | 0-3 | |
| The Emelie Building, 334 N. Senate Avenue | | | | |
| 5. City, State, ZIP Code Indianapolis, Indiana 46204 | | ffiliation <i>(if applicable)</i> OCTA t | | |
| CANDIDATE INFORMATION (For Candidate's Co | ommittees | Only) | | |
| 7. Full Name of Candidate (include any nickname) Alex R. Murphy | 8. Party A | ffiliation or If Independer | nt Candidate | |
| 9. Office Sought (Include district number, if any. Not required for exploratory committee.) Marion County Superior Court Judge | 10. County Mari | y of Residence ON | | |
| TYPE OF REPORT | | CONVENTIO | N CANDIDATES ONLY | |
| 11. Check one: Pre-Primary Pre-Election X Annual Nomination Other | · · · · · · · · · · · · · · · · · · · | Check one: | vention | |
| Final/Disbands Committee (lines 18, 19, and 20 must be "07 Dutgoing Treasurer (within 10 days amend Statement of | f Organization) | Post-Cor | vention | |
| 12. Reporting Period: From: 10-13-07 Through: 12-31-07 | | COLUMN A This Period | COLUMN B Year to Date | |
| 13. Cash on hand and investments at the beginning of this reporting period. | | | | |
| 14. Cash on hand and investments January 1, current year. | | | 11,544.10 | |
| CONTRIBUTIONS AND RECEIPTS | - | | | |
| (Note: these amounts include in-kind contributions and loans, as well as cash contributions.) | | 11 500 00 | 11,500.00 | |
| 15a. Itemized (use Schedule A) 15b. Unitemized | | 11,500.00 90.00 | 90.00 | |
| 15c. Add lines 15a and 15b in both columns SUBTO | OTAL | 11,590.00 | 11,590.00 | |
| | | 11,590.00 | 11,590.00 | |
| EXPENDITURES | OIAL | 11,390.00 | 11,390.00 | |
| (Note: These amounts include in-kind expenditures and loan repayments.) | | | | |
| 17a. Itemized (use Schedule B) (Public Question: use Schedule C) | | 45,90 | 45.90 | |
| 17b. Unitemized | | 0.00 | 0.00 | |
| 17c. Add lines 17a and 17b in both columns SUBT | TOTAL | 45.90 | 45.90 | |
| 18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) | TOTAL | 11.544.10 | 11.544.10 | |
| 19. Debts OWED BY the committee (use Schedule D) | | | | |
| | | 11,500.00 | | |
| 20. Debts OWED TO the committee (use Schedule E) | | 0.00 | N. | |

| · | CERTIFI | CATION | |
|--------------------------------|--------------------------------|---------------------------------|----------------------------|
| ICERTIFY THAT I HAVE EXAMINE | THIS STATEMENT. TO THE BEST OF | MY KNOWLEDGE AND BELIEF IT IS T | RUE, CORRECT AND COMPLETE. |
| Signature of Treasurer | Titl | Treasurer | Date 1/15/08 |
| Signature of Candidate (if ap) | oficable) | | Date ///5/08 |

files a fraudulent report commiss a Class D velony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor. (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

| | FILE | NUMBI | ER | |
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| Page | 1 | of | | |

| CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|---|---|-----------------------------------|--|---------------------------------|
| Maureen A. Murphy 9833 Scotch Pine Lane Indianapolis, IN 46256 | Contributions: Direct In-Kind (describe) | | | |
| Contributor's Occupation (if required) Spouse | Other Receipts: interest \(\subseteq \) Loan Misc. (specify) | \$11,500.00 | \$11,500.00 | 12/28/08 |
| Contributor's Occupation (# required) SPOUSE 2. | Contributions: Direct In-Kind (describe) | | | |
| · | Other Receipts: Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (If required) | | | : | |
| 3. | Contributions: Direct In-Kind (describe) | : | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (il required) | | | | |
| 4. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (If required) | - | | | |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| Contributor's Occupation (if required) | | - | | |
| | THIS PAGE OF SCHEDULE A | , | | |
| TOTAL OF ALL PAGES OF SCHEDULE | A ON THE LAST PAGE ONLY | | | |



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Surmary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| Page | 1 | of _ | / | |

| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIVED |
|--|--|-------------------------|------------------------|------------------|
| (street, number, city, state, ZIP code) | | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| 1. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| 2. | Contributions: Direct In-Kind (describe) | | 1000000 | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| 3. | Contributions: Direct In-Kind (describe) | | | |
| · | Other Receipts: Interest Loan Misc. (specify) | | | |
| 4 | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) | | | |
| | Other Receipts: Interest Loan Misc. (specify) | | | |
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State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be Itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code) | TYPE OF CONTRIBUTION OR OTHER RECEIPT | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE RECEIVED RECEIVED BY |
|--|--|-------------------------------|--|---------------------------------|
| 1. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) | | | |
| 2. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) | | | |
| 3. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) | | | |
| 4. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) | | | |
| 5. | Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify) | | | |
| SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE | THIS PAGE OF SCHEDULE A | \$ & | | |
| (Enter total on ITE | M 15a of the Summary Sheet) | \$ 6- | | |



(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

| | FILE NUMBER |
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| CONTRIBUTOR'S FULL NAME AND | TYPE OF CONTRIBUTION | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE RECEIVED |
|--|--|-------------------------|------------------------|------------------|
| FULL MAILING ADDRESS (street, number, city, state, ZIP code) | OR OTHER RECEIPT | PERIOD | YEAR-TO-DATE | RECEIVED BY |
| t. | Contributions: | | | |
| | In-Kind (describe) | | | |
| | Other Bersieter | | | |
| | Other Receipts: | | | |
| | Misc. (specify) | | | |
| 2. | Contributions: | | | |
| 4 | Direct | | | |
| | In-Kind (describe) | | | |
| | Other Receipts: | | | |
| | ☐ Interest ☐ Loan ☐ Misc. (specify) | | | |
| | Li Milac. (Specify) | | | |
| 3. | Contributions: | | | |
| | ☐ Direct ☐ In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Misc. (specify) | | | |
| | | | | |
| 4. | Contributions: | | | |
| | In-Kind (describe) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Misc. (specify) | | | |
| 5. | Contributions: | | | |
| | Direct | | | |
| | In-Kind (describe) | | | |
| | Other Receipts: | | | |
| | Misc. (specify) | | | |
| | | | | |
| | THIS PAGE OF SCHEDULE A | s + | | |
| TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE | A ON THE LAST PAGE ONLY M 15a of the Summary Sheet) | \$ 6 | | |



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers on and In-kind contributions regardless of emount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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| CONTRIBUTOR'S FULL NAME AND | CONTRIBUTOR'S FULL NAME AND TYPE OF CONTRIBUTION | | COLUMN B | DATE RECEIVED |
|--|--|-------------|--------------|---------------|
| FULL MAILING ADDRESS | OR OTHER RECEIPT | AMOUNT THIS | CUMULATIVE | RECEIVED BY |
| (street, number, city, state, ZIP code) | Contributions: | PERIOD | YEAR-TO-DATE | |
| • | Direct | | | |
| | In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: Interest Loan | | | |
| | Misc. (specify) | | | |
| | | | | |
| 2. | Contributions: | | | |
| | Direct | | | |
| | In-Kind (describe) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Misc. (specify) | | | |
| _ | | | | |
| 3. | Contributions: | | | |
| | Direct In-Kind (describe) | | | |
| | I III III (BESSELEE) | | | |
| | Other Receipts: | | | |
| | Interest Loan | | | |
| | Misc. (specify) | | | |
| | | | | |
| 4 | Contributions: | | | |
| | In-Kind (describe) | | | |
| | | | | |
| | Other Receipts: | | | |
| | Interest Loan Misc. (specify) | | | |
| | C sensor (specify) | | | |
| 5. | Contributions: | 1 | | |
| , and the second | Direct | | | |
| | In-Kind (describe) | | | |
| | 01 . 0 | 1 | | |
| | Other Receipts: | | | |
| | Misc. (specify) | | | |
| | |] | | |
| SUBTOTAL | THIS PAGE OF SCHEDULE A | \$ 0 | 100 | |
| TOTAL OF ALL PAGES OF SCHEDULE | | \$ & | | |
| (Enter total on ITE | M 15a of the Summary Sheet) | \$ 6 | | |



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

| FILE NUMBER | | | | | | |
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| Page | / | of | 1 | | | |

| RECIPIENT'S NAME AND MAILING ADDRESS | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and | COLUMN A AMOUNT THIS | COLUMN B CUMULATIVE | DATE OF |
|---|---|---|-------------------------|------------------------|-------------|
| (street, number, city, state, ZIP code) | OFFICE SOUGHT (if applicable) | PURPOSE (be specific) | PERIOD | YEAR-TO-DATE | EXPENDITURE |
| The National Bank of Indianapolis One American Square, S Indianapolis, IN 46282 | bank service charge for checks te 100 | ☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ SotherChecksPurpose: | 45.90 | 45.90 | 12/24/07 |
| Code | | Direct In Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | 46 66 | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| | SUBTOTAL THIS PAG | SE OF SCHEDULE B | \$ 45,90_ | | |
| TOTAL OF ALL P | AGES OF SCHEDULE B ON TH | E LAST PAGE ONLY | \$`45.90_ | | |



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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|---|--|---|-----------------------------------|--|------------------------|
| | PUBLIC QUESTIC | N INFORMATION | | | |
| Enter Text of Public Question | | | • | | |
| | | | | | |
| Type of Question: Statewide |)t | | | | |
| Position: Supported Oppo | | | | | |
| RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) | RECIPIENT'S OCCUPATION | TYPE OF EXPENDITURE and PURPOSE (be specific) | COLUMN A AMOUNT THIS PERIOD | COLUMN B CUMULATIVE YEAR-TO-DATE | DATE OF EXPENDITURE |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| | | r uiposa. | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Code | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
| Coda | | Direct In-Kind Payment of Debt Returned Contribution Other Purpose: | | | |
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| TOTAL OF ALL PAG | SES OF SCHEDULE C ON TH (Enter total on ITEM 17a of | E LAST PAGE ONLY the Summary Sheet) | \$ -6- | | |

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK tNK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

| | FILE N | IUMBE | R | |
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| Page | 1 | _ of | 1 | |

| CREDITOR'S OR LENDER'S NAME | ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (If any) | AMOUNT | DATE DEBT | | | |
|--|---|-------------------|----------------|---------------------------|------------|--|
| & MAILING ADDRESS (street, number, city, state, ZIP code) | (street, number, city, state, ZIP code) | NATURE OF DEBT | INCURRED | YEAR-TO-DATE | PERIOD | |
| Maureen A. Murphy 9833 Scotch Pine Lane Indianapolis, IN 46256 | | \$11,500.00 | 12/28/07 | 0.00 | \$11,500.0 | |
| ENDERS OCCUPATION Spouse | | | | | | |
| | | | | | | |
| | | | _ | | | |
| ENDER'S DCCUPATION | | | | | | |
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(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

| FILE NUMBER | | | | | | | |
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| Page | | of | 1 | | | | |

| BORROWER'S NAME | CO-SIGNER'S NAME | ORIGINAL AMOUNT | | CUMULATIVE | OUTSTANDING |
|---|---|---------------------|-----------------------|----------------------|---------------------------------------|
| & MAILING ADDRESS (street, number, city, state, ZIP code) | & MAILING ADDRESS (if any) (street, number, city, state, ZIP code) | NATURE OF DEBT | DATE DEBT INCURRED | PAID YEAR-TO-DATE | OUTSTANDING BALANCE THIS PERIOD |
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| | 1, | SUBTOTA | L THIS PAGE O | F SCHEDULE E | \$ * |
| | TOTAL OF | ALL PAGES OF SCHEDU | | | \$ 6 |
| | | (Enter total on | ITEM 20 of the S | ummary Sheet) | <u> </u> |



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE State Form 4604 (R11/11-05) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| | | · · · · · · · · · · · · · · · · · · · | | | | | | | | FILE NUMBER |
|--|-------------------|---|---|---------------------------|---------------------------------|--------------|----------|---------------------|-----------------|--|
| 1. IS THIS AN AMENDMENT? | | | | | | | | | | 67-171 |
| SECTION A. CANDIDATE 2. Last Name | UNIFE | PRIMATIONE FILE | in al | APPIG Middle N | able box | es. | as f | ully and a | ecurat | lely as possible. |
| | ľ | | | anddie N | - | | Nit | kname | | 3. Type of Committee (Check one) Candidate's Principal Committee |
| MURPHY | | ALEX | | | R. | | - | | | Exploratory Committee |
| 4. Mailing Address | | | | | 5. FAX (Op | tiona | 9 | | 6. E-mail | Address (Optional) |
| 9833 Scotch Pi | ne_ | | | | | | | | | |
| Indianapolis | State IN | ZIP Code 46256 | B. Co | | _ | | | one (Day) | | 10. Telephone (Evening) |
| 11. Party Affiliation | 1114 | 40230 | [17] | ario | | | | 849-7 | | , same |
| Democratic ☐ Libertarian ☐ Reput | olicao I | 7 Other | | . 12. C | Office Sough | t (Inc | dude o | stact numbe | r, d'any N | of required for an exploratory committee) |
| SECTION B. COMMITTEE | | | in al | | able bed | ال 200 | our | rey Su | peri | or Court |
| 13. Full Name of Committee (Do not abt | elawon) |) 📋 Check if this is a | new na | ime ime | ente noi | <u>اثنا</u> | 18.3 | any amu (| <u>ાનમાં હા</u> | ery as possible. |
| Murphy For Jud | 0.0 | Committee | | | | | | | | |
| 14. Mailing Address _ [] Check i this is | a pew | address | | | 15. FAX (O) | trone | a/) | | 16, E-mail | Address (Optional) |
| 1 337 M C | 101 | ng | | | , | 1 | | | | (0) |
| 17. City | State | ZIP Code | 18. Cc | ounty | LL | 19. | Telepi | none | | 20. Committee Organization Date |
| Indianapolis | ΙN | 46204 | Ma | arion | 1 | ۱,٦٠ | 17 | 615-4 | 285/ | 11-07-07 |
| 21, Chairperson's Full Name Desi | gnate C | andidate as Chairpersor | · 🗆 | Check if the | his is a new o | hairp | erson | 717 4 | 2021 | 11 07 07 |
| Andrew Jacobs, 22. Mailing Address | | | | | | | | | | |
| 22. Mailing Address | a new | address | / ************************************ | | 23. FAX (O | liona | 1) | | 24. E-mail | Address (Optional) |
| Emelie Bldg., | 334 | N. Senate | : A | ve. | , , | | | | | |
| 25. City | State | | 26. Cc | | 1 | 27, | Telepi | none (Day) | | 28. Telephone (Evening) |
| Indianapolis | IN | 46204 | Ma | rior | 1 | /31 | 17 | 615-4 | 285 | (same |
| 29. Bank or Other Depositories (List all) | banks o | r other depositories in wi | hich the | committe | e deposits fu | nas, I | holds (| accounts, ren | is safety d | eposit boxes or maintains funds) |
| | | | | | | | | | | · · |
| 30. Exploratory Committee (Give bref state | ment exp | saiding purpose of an explora | ony com | mittee only) | 31. Salarie | s an | d Rein | nbursement | s (Will the | committee pay the carididate a salary or |
| | | | | | reimpurser | nent (| for fosi | t wages? If Y | es, ettach | a copy of the contract) \(\bar\) No \(\bar\) Yes |
| SECTION C. APPOINTME | O TV | FTREASURER (| (C 3- | 9-1-14) | 100 | | | . 4.4.4.2.2 | Sec. 20 50 10 | |
| 32. I, as Chairperson of the committee, appoint the following | fore | an aal | | | | | | Signature | of the Com | mittee Chairperson |
| Treasurer of the Committee. | • | Konn | | Katz | | | (| Le se | به دیراه | ~~ h |
| | ite çand | tidate as treasurer 🔲 | Check | if this is a | new treasure | ı | - | | - | |
| Ronald M. Katz | | | | | | | | | | |
| 34. Mailing Address | | | | | 35. FAX (Op | tiona | 0 | | 36. E-mail | Address (Optional) |
| | | N. Senate | | | () | | | | | |
| 37. City | State | 1 | 38. Co | • | | | | one (Day) | | 40. Telephone (Evening) |
| Indianapolis | IN | | | rion | | <u>,</u> 3 | 17 | ,615- | 4285 | , same |
| SECTION D. ACCEPTANC | E OF | APPOINTMENT | ((0 | -9-1-16 | i) | | 20 | | | |
| 41. I give notice that I accept the Committee. I am not the chairpe | re du Eson | ties and responsible of a campaign fina | ilities nce c | of Treas | surer of the | nis S | Signa | ture of Per | | |
| permitted for a candidate committee | e und | er IC 3-9-1-7). | | | n-taxoo ht | | 7 | | | |
| SECTION E. CERTIFICATION | DN Q | FSTATEMENT | | | | | | | | FOR OFFICE USE ONLY |
| We certify as the candidate and examined this statement. To the be | the i | duly appointed Cha | irper | on of t | ho Commi | ttee | and | that we I | nave | |
| 42. Typed or Printed Name of Chair | perso | n Signature of C | halrn | erson | correct an | d ço | | te. e (MV-DD-YY) | ,— | |
| | • | | // | (/ | /. | | ļ | | ' | LIFED |
| Andrew Jacobs, 43. Typed or Printed Name of Cand | Jr. | 160 | | | | | | 1/7/07 | | 7 II |
| Alex Murphy | | Signature of C | 211010 | | hu | _ | Juan | O ILIM-DO-YY | <u>'</u> | JAAZ OA AAN I |
| • • | | 1/20 | ~ | uj | | _ | 1 | 1/7/09 | <u>Z</u>] | 7002 8 0 vún |
| Warning: State law requires that any chumo knowingly files a fraudulent report core and as required by the Indiana Campage | anga in mits i | triis informet on be repo Class D felony (/C 3-1 | ned wi 14-1-13 | itnin 10 da). A perso | nys of the cA n who talls to | ange Tile | (IC 3- | 9-1-10). A pe | erson | demen & ward |
| report as required by the Indiana Campaig penalties (IC 3-9-4-16, IC 3-9-4-17, and IC | B L Bride | ca raw commiss a ciass | B mise | demeanor | (IC 3-14-1- |) an | d may | be subject to | avi | ~"!" |
| | | | | | | | | | ı | , |



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R11/11-05) Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| | | | | | | FILE NUMBER |
|--|--|--|--|--------------------------|---------------------|--|
| 1. IS THIS AN AMENDMENT? 🛛 | No ☐ Yes If Yes | , please (| enter the file | number in this b | ox → | |
| SECTION A. CANDIDATE INF | | | | | | oly an mannible |
| 2. Last Name | First Name | Mid | die Name | Nickname | <u>accurar</u> | 3. Type of Committee (Check one) |
| MURPHY | ATTV | | | | | Candidate's Principal Committee |
| | ALEX | | R. | | | ☐ Exploratory Committee |
| 4. Mailing Address | | | 5. FAX (Or | tional) | 6. E-mail | Address (Optional) |
| 9833 Scotch Pine | | | () | | 1 | |
| 7. City Sta | | 8. County | • | 9. Telephone (Day) | | 10. Telephone (Evening) |
| Indianapolis IN | 46256 | Mar | | ₍₃₁₇₎ 849- | | , same |
| 11. Party Affiliation | 5 | | 12. Office Sough | nt (include district num | ber, if any N | ot required for an exploratory committee [|
| ☐ Democratic ☐ Libertanan ☐ Republican | LJ Other | 2 | Marion | County S | uperi | or Court |
| SECTION B. COMMITTEE INF | ORIMATION: FILE | in all ap | plicable bo | ces as fully and | accurat | ely as possible. |
| | | new name | | | | |
| Murphy For Judge 14. Majung Address D Checke this is a ne the Emelie Build: | Committee | | las Esv.o | | , | |
| the Emelie Build: | n acciness L n g | | 15. FAX (O | pironai) | 16, E-mail | Address (Optional) |
| 334 N. Senate Av. | enue | 122 2 | (|) | <u>' [</u> | |
| i i | | 18. County | | 19. Telephone | | 10. Committee Organization Date |
| Indianapolis I | 46204 | Mar | ion | (317 615- | <u>4285 '</u> | MM-DD-YY) 1-1-07-07 |
| 21. Chairperson's Full Name Designate | | n 🔲 Che | ck if this is a new | charperson | | , |
| Andrew Jacobs, Jr 22. Mailing Address | • | | | | | |
| | | | 23. FAX (O | ptional) | 24. E-mail | Address (Optional) |
| Emelie Bldg., 334 | | | | | | |
| 25. City Stat | e ZIP Code | 26. County | | 27. Telephone (Day) | | 28. Telephone (Evening) |
| <u>Indianapolis</u> I | 46204 | Mar | Lon | 317 615- | 4285 | (_same |
| 29. Bank or Other Depositories (List all banks | or other depositories in w | h:ch the con | imitee deposits fi | inds, holds accounts, r | ents safety o | eposit boxes or maintains funds) |
| - | | | | | | |
| 30. Exploratory Committee (Give brei statement | explaining purpose of an explora | tory committee | ony) 31. Salari | es and Reimburseme | nts (Will the | committee pay the candidate a salary or |
| | | | re-mburse | ment for lost wages? If | Yes, attach | a copy of the contract) \(\subseteq \text{No} \subseteq \text{Yes} \) |
| SECTION C. APPOINTMENT | OF TREASURER | IC 3-9-1 | -14) | | 77 74 7 | |
| 32. I, as Chairperson of the fo | regoing Person Appoi | ited Treasi | rer | Signature | rof the Con | mittee Chairperson |
| committee, appoint the following pe Treasurer of the Committee, | rson as Ronn | ie Ka | 112 | |] (/ - | |
| 33. Treasurer's full Name Designate ca | indidate as treasurer | | | er | <u>a de la como</u> | <i>D</i> – / C |
| Ronald M. Katz | | | | | | |
| 34. Mailing Address Check if this is a ne | w address | | 35. FAX (O | olionai) | 36. E-mail | Address (Optional) |
| Emelie Bldg., 334 | | Ave. | | | | - Constant |
| 37. City State | | 38. County | 13 | 39. Telephone (Day) | 1 | 40. Telephone (Evening) |
| Indianapolis IN | 46204 | Mari | OΠ | 317,615 | | |
| | | | | | | (Same |
| (사회에 ((0)시 D) - 사이어리라 (시시(어디() | | | | 1(317)013 | | |
| SECTION D. ACCEPTANCE O | F APPOINTMENT | (IC 3-9 | 1-15) | his Signature of P | OPERATOR ACC | Cutter Congintment |
| 41. I give notice that I accept the d Committee. I am not the chairperso | FAPPOINTMENT luties and responsib n of a campaign fina | (IC 3-9 | 1-15) | his Signature of P | OPERATOR ACC | option Topointment |
| 41. I give notice that I accept the d Committee. I am not the chairperso permitted for a candidate committee us | FAPPOINTMENT of a campaign finance in Grant | (IC 3-9 | 1-15) | his Signature of P | OPERATOR ACC | |
| 41. I give notice that I accept the d Committee. I am not the chairperso permitted for a candidate committee un SECTION E. GERTIFICATION | F APPOINTMENT putter and responsible of a campaign finance of a campaign finance of C 3-9-1-7). OF STATEMENT | (IC 3-9- ilities of ince com | 1-15) Treasurer of the nitted (except | his Signature of P | erouit Acc | FOR OFFICE USE ONLY |
| 41. I give notice that I accept the d Committee. I am not the chairperso permitted for a candidate committee us SECTION E. GERTIFICATION We certify as the candidate and the | FAPPOINTMENT Juttles and responsible of a campaign final other IC 3-9-1-7). OF STATEMENT of duly appointed Ch | (IC 3-9- | 1-15) Treasurer of thittee (except | his Signature of P | erouit Acc | |
| 41. I give notice that I accept the d Committee. I am not the chairperso permitted for a candidate committee un SECTION E. GERTIFICATION | FAPPOINTMENT Juties and responsible of a campaign final oder IC 3-9-1-7). OF STATEMENT oduly appointed Ch four knowledge and | (IC 3-9- ilities of ince com- airperson belief it is | 1-15) Treasurer of the committee correct a | his Signature of P | have | |
| 41. I give notice that I accept the of Committee. I am not the chairperso permitted for a candidate committee up SECTION E. CERTIFICATION We ccritify as the candidate and the examined this statement. To the best of 42. Typed or Printed Name of Chairpers | PAPPOINTMENT Juties and responsible of a campaign final or IC 3-9-1-7). OF STATEMENT of duly appointed Chapter of Cour knowledge and son Signature of Course of Cours | (IC 3-9- ilities of ince com- airperson belief it is | 1-15) Treasurer of the committee correct a | his Signature of P | have | |
| 41. I give notice that I accept the of Committee. I am not the chairperso permitted for a candidate committee up SECTION E. CERTIFICATION We ccritify as the candidate and the examined this statement. To the best of 42. Typed or Printed Name of Chairpers | PAPPOINTMENT Juties and responsible of a campaign final or IC 3-9-1-7). OF STATEMENT of duly appointed Chapter of Cour knowledge and son Signature of Course of Cours | (IC 3.9. ilities of ince compairperson belief it is chairperson | 1-15) Treasurer of the committee correct a | his Signature of P | have | |
| 41. I give notice that I accept the of Committee. I am not the chairperso permitted for a candidate committee up SECTION E. GERTIFICATION We ccriting as the candidate and the examined this statement. To the best of 42. Typed or Printed Name of Chairpers Andrew Jacobs, Jr 43. Typed or Printed Name of Candidate | PAPPOINTMENT Juties and responsible of a campaign final or IC 3-9-1-7). OF STATEMENT of duly appointed Chapter of Cour knowledge and son Signature of Course of Cours | (IC 3.9. ilities of ince compairperson belief it is chairperson | 1-15) Treasurer of the committee correct a | his Signature of P | have | |
| 41. I give notice that I accept the of Committee. I am not the chairperso permitted for a candidate committee us SECTION E. GERTIFICATION We certify as the candidate and the examined this statement. To the best of 42. Typed or Printed Name of Chairpers Andrew Jacobs, Jr 43. Typed or Printed Name of Candidat Alex Murphy | PAPPOINTMEN Juties and responsib In of a campaign fina Inder IC 3-9-1-7). OF STATEMENT In duly appointed Ch four knowledge and son Signature of C | (IC G.9. illities of ince compairporson belief it is Chairperson candidate | Treasurer of the Committee correct a | his Signature of P | have | |
| 41. I give notice that I accept the of Committee. I am not the chairperso permitted for a candidate committee up SECTION E. GERTIFICATION We ccriting as the candidate and the examined this statement. To the best of 42. Typed or Printed Name of Chairpers Andrew Jacobs, Jr 43. Typed or Printed Name of Candidate | praprior in this information be reposed in the structure of the structure | (IC 6.9) litties of ince community in the community in th | Treasurer of the Committee Correct and the Committee Correct and the Committee Correct and the | his Signature of P | have | |



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R11/11-05)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

| | | | | | · | | | | FILE NUMBER |
|---|-------------------|--|----------|------------------|--|-------------------|------------------|--|---|
| 1. IS THIS AN AMENDMENT? | K) No | Yes If Yes | , plea | se enter | the file n | umbe | r in this ho | v -> | |
| | | | | | | | | | |
| SECTION A. CANDIDATE 2, Last Name | IVI U | rst Name | in ai | Middle Na | DIB DOX | عاد حد | Nickname | accura | |
| | - 1 | | | 11110010114 | | | MICKIIBING | | 3. Type of Committee (Check one) Candidate's Principal Committee |
| MURPHY | | ALEX | | | R. | | | | Exploratory Committee |
| 4. Mailing Address | | | | | 5. FAX (Opt | ona:) | ···· | 6. E-mail | Address (Optional) |
| 9833 Scotch Pir | ıe | | | 1. | ' 1 | | | | |
| 7. City | State | ZIP Code | 8. Coi | | *************************************** | 9. Tele | phone (Day) | 1 | 10. Telephone (Evening) |
| Indianapolis | IN | 46256 | Ma | arion | | ،31, | 7, 849-7 | 7771 | , same |
| 11. Party Affiliation Democratic Libertarian Republ | | 104 | | 12.01 | fice Sought | (Includ | de atstact numbe | er, af any N | lot required for an exploratory committee) |
| | | | 7 | fla | rion | Cot | inty St | iperi | or Court |
| SECTION B. COMMITTEE 13, Full Name of Committee (Do not abbr | nuale) | C) Check if this is a | new na | me Enantigi | DIB DOX | es as | rully and | accura | tely as possible. |
| | | | | | | | | | |
| Murphy For Jude 14. Marling Address D. Check I this is the Emelie Buil | a new a | Jommittee address | | T- | S. FAX (Op | tonall | | 10 E | |
| the Emelie Buil | díi | ıg | | 1. | | vorially | _ | 10, E-mai | Address (Optional) |
| 334 N. Senate A | State | ZiP Code | 18, Cc | ounty | | 19. Tel | lephone | · | 20. Committee Organization Date |
| Indianapolis | IN | 46204 | Ms | rion | i | ,31° | 7_615-4 | 225 | (MM-DD-YY) 11-07-07 |
| 21. Chairperson's Full Name 🔲 Desig | | andidate as Chairperso | n 🗆 | Check if the | s is a new c | hampen | iou O I D - c | 12001 | 11 07 07 |
| Andrew Jacobs, J | r. | | | | | | | | |
| 22. Mailing Address | new a | eddress | | [: | 3. FAX (Op | tional) | | 24. E-mail | Address (Optional) |
| Emelie Bldg., 3 | 34 | N. Senate | . A : | /e. / | ١. | | | | ,,,, |
| | State | ZIP Code | 26. Ca | | | 27. Tel | ephone (Day) | ······································ | 28. Telephone (Evening) |
| | IN | 46204 | M. | arion | | /317 | 7 615-4 | 285 | (same |
| 29. Bank or Other Depositories (List all bo | anks or | other depositones in w | hich the | committee | deposits fui | nds, hol | ds accounts, re- | nts safety o | Deposit boxes or maintains funds) |
| | | | | | | | | • | |
| 30. Exploratory Committee (Give bref statem | rent exp | aming purpose of an explore | ory com | патва опу) | 31. Salarie | s and i | leimoursemen | ls (Will the | committee pay the candidate a salary or |
| | | | | | reimbursen | nent for | lost wages? If \ | 'es. attach | e copy of the contract) \(\bigcap \) No \(\bigcap \) Yes |
| SECTION C. APPOINTMEN | T OF | TREASURER | IC 3- | 9-1-14) | 10 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | | | ··· · · · · · · · · · · · · · · · · · | |
| 32. I, as Chairperson of the | | | nted Tr | easurer | | | Signature | of the Con | nmittee Chairperson |
| committee, appoint the following Treasurer of the Committee. | perso | Pn as Ronn | ie | Katz | | (| المستعشرا | | |
| 33. Treasurer's Full Name 🔲 Designat | e cand | date as treasurer | Check | if this is a r | ew treasure | f | - 9-7-73° | | |
| Ronald M. Katz | | | • | | | | 1 | | / ! |
| 34, Mailing Address | | | | 3 | 5. FAX (Op | tional) | | 36. E-mail | Address (Optional) |
| Emelie Bldg., 3 | 34 | N. Senate | Αv | e. , | , | | i | | ,,,,,,, |
| 37. City 5 | tate | ZIP Code | 38. Co | unty | 1 | 39, Tel | ephone (Day) | | 40. Telephone (Evening) |
| Indianapolis | IN | 46204 | Ma | rion | - | , 31 | 7,615- | 4285 | same |
| SECTION D. ACCEPTANCE | OF | APPOINTMENT | (IC (| -9-1-15 | | | | | militari da transferi da antica de la compania del compania del compania de la compania del compania del compania de la compania de la compania de la compania de la compania del compania |
| 41. I give notice that I accept th | e dut | ies and responsib | ilities | of Treas | urer of th | is Sig | nature of Pe | eson Acc | optime Appointment |
| Committee. I am not the chairpe | rson (| of a campaign fina | nce c | ommittee | -(execpt | 83 - | / | 1 | aly) |
| SECTION E. CERTIFICATION | N O | ESTATEMENT | | | | 1 | | | FOR OFFICE USE ONLY |
| We certify as the candidate and | the c | uly appointed Ch. | airport | on of th | e Commi | ttee a | nd that we | have | TOR OFFICE OSE ONLY |
| examined this statement. To the bes | it of a | ur knowledge and ! | belief i | it is true, e | correct an | d com | plete. | | |
| 42. Typed or Printed Name of Chair | | Signature of C | hairp | erson | | | Date (MW-CO-Y | | |
| Andrew Jacobs, 43. Typed or Printed Name of Candi | <u>Jr.</u> | 1 | <u></u> | سى <u>سىرك</u> ى | بسينور . | _ | 11/7/07 | ' | i |
| | dato | Signature of C | andid | ate | /. | | Date (MM-CO-Y | ′ I | l |
| Alex Murphy | Ţ | 1/2 | w | chop | T | | 11/7/0 | 7 | |
| Warning: State law requires that any cha | ns egn | this information be repo | orted w | ithin 19 day | s of the ch | ange (I | C 3-9-1-10). A p | erson | l |
| who knowingly tiles a traudulent report con report as required by the Indiana Campaign | nmits a Financ | i Class D felony (IC 3- ce Law commits a Clas | 14-1-17 | N A MARKAN | Juho Bale () | 5 la a | complete as as | a | |
| penatres (IC 3-9-4-16 IC 3-9-4-17, and IC 3 | 1.9-4.1 | 8) | | | - + | ,, | | | |